Name in Full | Certificate of Death

George Algore

Died at Town: Upperco County: Balt- MARYLAND

Date 1898 Month 11 Day 18 | Age Y. 81 M. 11 D. 20 | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband / Wife of Jane Algore

Father's Name Don't Know | Mother's Name Don't Know

Cause of Death: Primary 72 | How long sick 7 days

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by Jas. H. Wilson M.D

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full | Certificate of Death

Jane Algire

Died at Town: Upperco County: Balt- MARYLAND

Date 1898 Month 11 Day 21 | Age Y. 76 M. 1 D. 20 | Native of Md. | Occupation House duties

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband / Wife of widow

Father's Name don't know | Mother's Name don't know

Cause of Death: Primary 72 | How long sick 7 days

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by Jos. H. Wilson M.D.

Address Finblesburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full | Certificate of Death

Chas. H. Aner

Died at Town Northbend County Balto MARYLAND

Date 1898 Month 11 Day 2 | Age Y. 66 M. 8 D. | Native of Germany | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | Divorced | Number of children living

Husband of Wife

Father's Name | Mother's Name 72

Cause of Death: Primary Pneumonia Lobar | How long sick 5 da.

Immediate | Accident, Suicide, Homicide

Reported by Lewis H. Gundry

Address Cor. Fred. & Augusta Aves.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full | Certificate of Death

George Banks

Died at Town: Towson | County: Balto | MARYLAND

Date 1898 | Month: 11 | Day: 16 | Age Y. M. D. | Native of | Occupation

Male | ~~White~~ | ~~Married~~ | Widow X | Divorced

~~Female~~ | Colored | Single | Widower | Number of children living X

Husband of Wife

Father's Name X | Mother's Name X

Cause of Death: Primary Tuberculosis 22a | How long sick 6 months

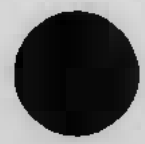
Immediate Coma | Accident, Suicide, Homicide

Reported by Dr R. C. Massenburg

Address Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Benjamin L. Boulden

Died at Town Canton County Baltimore MARYLAND

Date 189 5 Month 11 Day 29 Age Y. 3 M. 6 D.

Native of

Occupation

Male ~~Female~~

~~White~~ Colored

~~Married~~ Single

~~Widow~~ Widower

~~Divorced~~

~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary — Diphtheria — How long sick 14 days.

Immediate — Paralysis of Heart — Accident, Suicide, Homicide

Reported by David H. Jones, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79708

Name in Full Caroline Bowman

Certificate of Death

Died at Town Catonsville County Balt Co. MARYLAND

Date 1898 Month Nov Day 21 Age Y. 57 M. D. Native of Md Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living several

Husband ~~Wife~~ of John Bowman

Father's Name — Mother's Name —

Cause of Death Primary Dementia 46 How long sick One month

Immediate Ch Interstitial Nephritis Accident, Suicide, Homicide

Reported by J Peg Wade

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Annie Bragassa

Died at Mt. Hope Retreat (Town) Balto. (County) MARYLAND

Date 1898 Month 11 Day 6 | Age Y. 32 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name | Mother's Name 229

Cause of Death: Primary Mania Chronic | How long sick

Immediate Tuberculosis | Accident, Suicide, Homicide

Reported by Frank J. Flem

Address Mt. Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Chas Brown

Certificate of Death

Town

Died at Chas House County Balti Co MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1898 11	6	Age 60				

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary Diphtheria / Immediate

How long sick

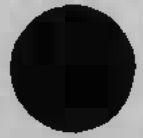
Accident, Suicide, Homicide

Reported by J. C. Bussey

Address [redacted] Texas Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Sister Anastasia Burke

Died at Town Mt. Hope County Balto. MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
11	16					

Date 189 8 Age 24

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary Typhoid Fever / How long sick

Immediate / Accident, Suicide, Homicide

Reported by Emmitsburg Chronicle 11-25

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full Joseph Cater

Certificate of Death

Died at Town Bradshaw County Balto. MARYLAND

Date 1898 Month 11 Day 19 Age Y. 87 M. D. Native of Harford Co Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband of Wife Dont. Know

Father's Name Know nothing Mother's Name Know nothing

Cause of Death Primary ossification of arteries How long sick 2 months

Immediate Dropsy 59 ~~Accident, Suicide, Homicide~~

Reported by Jas F H Gorsuch M.D.

Address Fork Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full | Certificate of Death

Kerman J. Cording

Died at Town: York Road (Govanstown) County: Balto. MARYLAND

Date 1898 Month 11 Day 27 | Age Y. 56 M. 6 D. | Native of | Occupation

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband / Wife of

Father's Name | Mother's Name 72

Cause of Death: Primary Pneumonia | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Dr. Geo. H. Hocking

Address Govanstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full John Donaldson Cross

Certificate of Death

Died at Town Govanstown County Baltimore MARYLAND

Date 189 5 Month 11 Day 10 Age Y. M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John T. Cross

Mother's Name M. J. Cross

Cause of Death Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Democrat Towson

Address 11-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Howard Lee Curry

Certificate of Death

Died at Town White Hall County Balto MARYLAND

Date 1898 Month 11 Day 20 | Age Y. 2 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Thos. P. Curry

Mother's Name

Cause of Death { Primary / Immediate } 161

How long sick

Accident, Suicide, Homicide

Reported by Union 11-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Patrick Doran

Died at Town Franklinville County Balto. MARYLAND

Date 189 8 Month 11 Day 16 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

2 S. G

Cause of Death: Primary — Cancer of stomach — How long sick

Immediate — Accident, Suicide, Homicide

Reported by C. H. Keyser

Address

Must be signed by physician, if any in attendance, othe[illegible]e by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

Edward Fitzgerald

Died at Town Mt Washington County Balto MARYLAND

Date 1893 Month 11 Day 14 Age Y. 4 M. - D. - Native of U.S. Occupation Child

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced Number of children living

Husband Wife of —

Father's Name Dennis Fitzgerald Mother's Name 9.

Cause of Death Primary Diptheria How long sick 7 days

Immediate Spasm Accident, Suicide, Homicide

Reported by Morris Shanks M.D.

Address Mt Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Leo Fletcher

Certificate of Death

Died at Highlandtown (Town) Balto (County) MARYLAND

Date 1898 Month Nov. Day 25th | Age Y. 4 M. D. | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife —

Father's Name Joseph Fletcher

Mother's Name Mary Fletcher

Cause of Death: Primary Jaundice of Liver — How long sick 4 days

Immediate Exhaustion 92

~~Accident, Suicide, Homicide~~

Reported by J. C. Schofield

Address 432 Philpot Rd Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Josiah Fogle

Certificate of Death

Died at Town Harrisonville County Balto. MARYLAND

Date 1898 Month 11 Day 18 Age Y. 62 M. 7 D. 5 Native of Md. Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 2

Husband ~~Wife~~ of Mary Jane Fogle

Father's Name Eli Fogle Mother's Name Mary Fogle

Cause of Death Primary Brights-Disease How long sick 12 days

Immediate Uraemia Accident, Suicide, Homicide

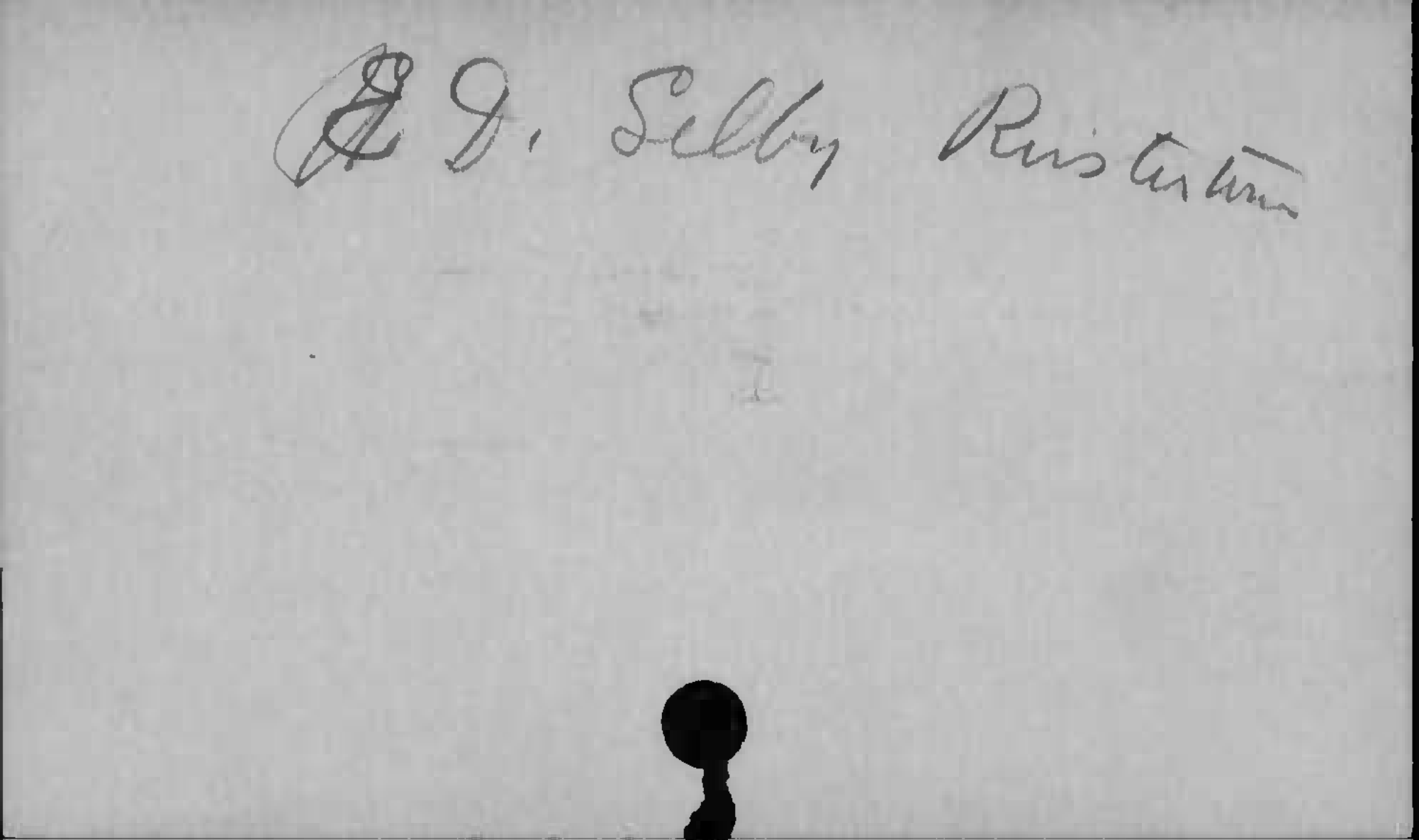
Reported by Jno E Bolte MD

Address Harrisonville Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwis coroner, undertaker or minister.

LIBRARY BUREAU, 65968

E. D. Selby Reisterstown



Name in Full Joseph Frietsch

Certificate of Death

Died at Town Arlington Ave. County Baltimore MARYLAND

Date 189 5 Month 11 Day 26 Age Y. 22 M. 11 D. Native of Balto. Occupation Printer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife,

Father's Name

Mother's Name

Cause of Death Primary Pneumonia 72 How long sick 2 days

Immediate Exhaustion Accident, Suicide, Homicide

Reported by Dr Purnell F. Sapkington

Address Arlington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Wm M. Garrett

Certificate of Death

Died at Town Locust Point County Baltimore MARYLAND

Date 1898 Month 11 Day 10 | Age Y. M. D. | Native of | Occupation breakman

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death { Primary Killed by train 145 d | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Democrat 11-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Winifred Gibbons

Died at Town Lutherville County Balto MARYLAND

Date 189 8 Month Nov. Day 28 Age Y. 60 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

42

Cause of Death Primary Hemiplegia How long sick afew minutes

Immediate Accident, Suicide, Homicide

Reported by T. Chalmers Peebles

Address Lutherville.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

Caroline Gottschalk

Died at Town St Denis County Baltimore MARYLAND

Date 1898 Month Nov. Day 14 Age Y. 65 M. 8 D. 21 Native of Germany Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Henry Gottschalk (Deceased)

Father's Name

Mother's Name 158

Cause of Death: Primary ~~Intestinal~~ Abdominal Growth — How long sick about 3 mos.

Immediate Intestinal impaction, exhaustion ~~Accident Suicide Homicide~~

Reported by M. R. Eareckson

Address Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full John Gran

Certificate of Death

Died at Town Unionville County Balto. MARYLAND

Date 1898 Month 11 Day 23 | Age Y. 83 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced ~~Number of~~ children living 3

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary / Immediate 161

How long sick

Accident, Suicide, Homicide

Reported by Union 11-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

No. A

tention of Physicians is Respectfully Invit... w, and to List of Diseases on ba... s C

...ealth Department, City of Baltimore,

...rmit No. A 4463 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ... deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 6, 1898.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Lillie Griffin,

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give Street and Number.} St. Agnes' Hospital.

(I) *Cause of Death,* First (Primary), Pulmonary Tuberculosis,

Second (Immediate), Asthenia,

Duration of Last Sickness, Six (6) months.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Dec 9th 1898

Undertaker, J. Hershede

Place of Business, Balto Co Md

D. F. O'Connor, M.D., Medical Attendant.

Address, St. Agnes' Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

NEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstanees producing Death.

—V y and Seat.

de of Death.

de of Death.

EART—Variety. Valves involved.

riety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Deat.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

—Cause.

Cause.

PYAEMIA—Cause. Nature ry, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produeed or eomplieated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Oliver W. Hall. Certificate of Death

Died at Town Catonsville County Balto Co. MARYLAND

Date 1898 Month Nov Day 22 | Age Y. 49 M. D. | Native of Va | Occupation Shoemaker.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living 3

Husband of Wife —

Father's Name — Mother's Name 142 f

Cause of Death: Primary Paranoia — How long sick 3 hours

Immediate Incised wound of throat — ~~Accident~~, Suicide, ~~Homicide~~

Reported by J. Pug Wade

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

William Hannem

Died at Town: Patapsco Neck County: Baltimore MARYLAND

Date 189 5 Month 11 Day 28 | Age Y. 74 M. D. | Native of | Occupation Laborer

Male / ~~Female~~ | White / Colored | ~~Married~~ / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name

Mother's Name

22a

Cause of Death — Primary: Tuberculosis (Pulmonary) How long sick 4 or 5 mos.

Immediate

Accident, Suicide, Homicide

Reported by G. C. McCormick, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

Malada Harman (Grass)

Diod at Town Hardberry County Balto. MARYLAND

Date 189 Month 11 Day 19 | Age Y. 5 M. 7 D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living

~~Husband~~ Wife of Lewis Harman

Father's Name John Grass | Mother's Name

Cause of Death { Primary 161 | How long sick

Immediete | Accident, Suicide, Homicide

Reported by American Sentinel 11-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Elder, Elias D. Borsacks.
Buried in Pipe Creek German Baptist Cemetery

Name in Full Stanley H. Hobson

Certificate of Death

Town Oella, County Baltimore, MARYLAND.

Died at

Date 1898 Month Nov. Day 7

Age Y. 3. M. 0 D. 13.

Native of Maryland. Occupation +

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband Wife of

Father's Name John Hobson

Mother's Name Catherine Hobson

Cause of Death: Primary Acute Laryngitis 8c — How long sick 3 days

Immediate Edema of Glottis

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. Jno. B. Lambrill,

Address Alberton, Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Catharine Hoffman

Certificate of Death

Died at Town Alm's House County Balto. Co MARYLAND

Date 189 8 Month 11 Day 18 | Y: M. D. Age 83 | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary Bright's Disease / Immediate } | How long sick

Accident, Suicide, Homicide

Reported by J. C. Burns

Address [redacted] Texas Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

William Holland

Town County

Died at Alms House Peter MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1898	11	9	Age	53				

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death

Primary Pulmonary Tuberculosis

Immediate

How long sick

Accident, Suicide, Homicide

Reported by J. C. Bussey

Address Lexro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Alexander Hughes

Died at Town: Parkton County: Harford MARYLAND

Date 189 8 Month: Nov Day: 16 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ White Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of — Miller

Father's Name

Mother's Name

Cause of Death { Primary: Consumption 22a | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Susan Harris Nov. 19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Wm. Walter Hutchins

Died at Town Moulston County Balto. MARYLAND

Date 189 8 Month 11 Day 11 Age Y. 8 M. 9 D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm. B. Hutchins Mother's Name Laura Bosley

Cause of Death Primary diphtheria 6a How long sick

Immediate Accident, Suicide, Homicide

Reported by Maryland Journal 11-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Dr. Alex Mitchell.
" L. H. Price.
" T. Rosa Payne.

Rev. Geo. K. Garner – St. Jas. P. E. Church

Name in Full

Certificate of Death

William Pinaldo Johnson

Died at Town: Liberty Road County: Baltimore MARYLAND

Date 189 5 Month: 11 Day: 5 | Age Y.: 66 M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Balto Co Insane Asylum

Address [redacted] 11-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78708

Name in Full — John F. Jones — Certificate of Death

Died at — Town: Sparrow's Point Wharf — County: Baltimore — MARYLAND

Date 189 5 — Month 11 — Day 10 — Age Y. 28 M. D. — Native of — Occupation

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ — Number of ~~children living~~

Husband / Wife of

Father's Name — Thos. S. Jones — Mother's Name — 1520

Cause of Death — Primary: Killed by an electric light — How long sick

Immediate: pole falling on him — Accident, ~~Suicide, Homicide~~

Reported by — Democrat Town

Address — 11-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Dr. J. S Woodward

Name in Full — Certificate of Death

Emma Maggie Keyser

Died at — Town: Hereford — County: Baltimore — MARYLAND

Date 189 8 — Month 11 — Day 4 — Age Y. 15 M. D. — Native of — Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Edward H. Keyser — Mother's Name: Maggie B. Keyser

Cause of Death — Primary: 161 — How long sick

Immediate — ~~Accident~~, Suicide, Homicide

Reported by: Balto Co Minim Lawson

Address: 11-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Anne Augusta Kirsch

Town

County

Died at Baltimore Ellicott City MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1898 Nov	26	Age 6			Balt Co	

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband~~ of ~~Wife~~

Father's Name Christian Kirsch

Mother's Name Bertha Kirsch

Cause of Death — Primary: Gastro Enteritis 83 — How long sick: Two days

Immediate: Obscure Brain Trouble

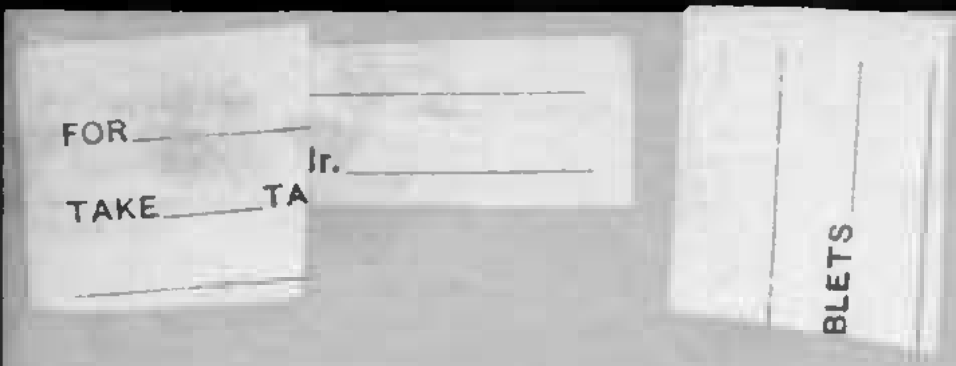
~~Accident, Suicide, Homicide~~

Reported by William E Hodges MD

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968


FOR
TAKE
TA
Jr.
BLETS

Name in Full | Certificate of Death

John N. Laville

Died at Town: Cabin Branch County: Fishing Shore, Balto Co. MARYLAND

Date 189 8 Month 11 Day 27 | Age Y. 35 M. D. | Native of | Occupation

Male | White | Married | Widow | Divorced

~~Female~~ | Colored | Single | Widower | Number of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary | Immediate | How long sick | Accident, Suicide, Homicide

161

Reported by Advertiser 12-1

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Chas. Lohman

Certificate of Death

Died at Town White Marsh County Balto. MARYLAND

Date 1898 Month 11 Day 20 Age Y. 13 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 48

Cause of Death Primary Spasms caused by a shock

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Democrat 11-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Dr. Geo. F. Morse, Gardenville.

Name in Full Chas Lucas

Certificate of Death

Died at Town Alm's House County Balto. Co MARYLAND

Date 189 9 Month 11 Day 11 | Age Y. 67 M. D. | Native of | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Apoplexy

Immediate

How long sick

Accident, Suicide, Homicide

Reported by S. C. Bussey

Address Texas Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Caroline Austin

Certificate of Death

Mrs Carrie McCulloh

Died at Town Glencoe County Baltimore MARYLAND

Date 189 5 Month 11 Day 4 | Age Y. M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 57

Cause of Death: Primary Chronic valvular disease

Immediate of the heart

How long sick

Accident, Sulcide, Homicide

Reported by Dr F. G. Mitchell

Address Verona Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full | Certificate of Death

Sarah Hopkins McElderry

Died at near Town Govanstown County Baltimore MARYLAND

Date 189 8 Month 11 Day 10 | Age Y. 91 M. D. | Native of | Occupation

Male White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband / Wife of Henry McElderry

Father's Name / Mother's Name

Cause of Deeth: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Balto Co Union Towson

Address 11-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Patrick McShane

Died at Town St. Helena County Balto. MARYLAND

Date 189 8 Month 11 Day 14 Age Y. M. D. Native of Occupation

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 How long sick

Immediate

Accident, Suicide, Homicide

Reported by Maryland Journal 11-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72706

Name in Full: Madle

Certificate of Death

Died at — Town: — County: Balto. — MARYLAND

Date 1898 — Month: 11 — Day: 19 — Age: Y. M. D. — Native of: — Occupation: R

Male ✗ — White ✗ — Married — Widow — Divorced

Female — Colored — Single — Widower — Number of children living

Husband / Wife of

Father's Name: Ludwig Madle

Mother's Name: Katharine Madle

Cause of Death — Primary: Still born child {boy} — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Caroline Betz Midwife

Address: 315 Lombardst Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Annie Meise

Certificate of Daeth

Died at Town Fullerton County Baltimore MARYLAND

Date 189 8 Month 11 Day 25 Age Y. 18 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Andrew Meise Mother's Name 1

Ceuse of Death Primery Typhoid fever & pneumonia How long sick

Immediate Accident, Suicide, Homicide

Reported by Dem. Towson

Address 12-3

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

~~LIBRARY BUREAU, 79706~~

Jerusalem Church,
Gardenville, Md
Rev. Karl Buff.

Name in Full Conrad Miller

Certificate of Death

Died at Town Mr. Winans County Baltimore MARYLAND

Date 1898 Month 11 Day 3 Age Y. 79 M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Democrat Towson

Address 11-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Rev. A. B. Myers.

D-1-D-12-17

Name in Full Edward E. Miller

Certificate of Death

Died at Town Buchfield Ave. County Baltimore MARYLAND

Date 189 8 Month 11 Day 30 | Age Y. 50 M. D. | Native of | Occupation Dairyman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 72

Cause of Death: Primary Pneumonia Lobar Cirrhosis of liver — How long sick 3 mos.

Immediate Failure of respiration — Accident, Suicide, Homicide

Reported by Dr Lewis F. Gundry

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79706

Name in Full George Miller

Certificate of Death

Died at Town Canton County Baltimore MARYLAND

Date 189 5 Month 11 Day 30 Age Y. 56 M. D. Native of Germany Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband of Wife

Father's Name

Mother's Name 57

Cause of Death Primary Heart disease How long sick

Immediate Accident, Suicide, Homicide

Reported by Democrat Towson

Address 12-3

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Laura V. Mills

Died at Town Oella County Balto. MARYLAND

Date 1898 Month Nov. Day 9 | Age Y. 30 M. yrs D. | Native of U. S. A. | Occupation Household duties

Male no White yes Married yes Widow no Divorced no

Female yes Colored no Single no Widower no Number of children living 2

~~Husband~~ Wife of Frank Mills

Father's Name David Van Order Mother's Name Laura V. Van Order

Cause of Death: Primary Acute Brights disease — How long sick 4 days

Immediate Convulsions — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr Thos B Owing

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mrs Laura V Mills

Certificate of Death

Died at Town: Ocla County: Balt Co MARYLAND

Date 1898 Month: A Day: 9th Age Y. 33 M. D.

Native of: Ball Co

Occupation: housewife

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living: one

Husband / Wife of: Frank Mills

Father's Name: David Vanorter

Mother's Name: —

96

Cause of Death: Primary: acute Nephritis

Immediate: Euremic Convulsions

How long sick: 5 days

~~Accident, Suicide, Homicide~~

Reported by: Thos B Owings M.D.

Address: Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John Moon

Certificate of Death

Died at Town Towson County Baltimore MARYLAND

Date 1898 Month Nov Day 24 Age Y. 63 M. D. Native of Ireland Occupation Gardner

Male ~~Female~~ White ~~Colored~~ Married Single ~~Widow~~ ~~Widower~~ Divorced Number of children living 6

Husband ~~Wife~~ of Lizzie Moon

Father's Name —

Mother's Name —

Cause of Death: Primary Ulcer of intestines with Hemorrhage — How long sick 9 weeks

Immediate Enteric-Colitis 87 — Accident, Suicide, Homicide

Reported by Dr R. C. Massenburg

Address Towson Md

Must be signed by physician, if any in attendance, otherw[illegible] by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mary Myers

Died at Town: Boring | County: Baltimore | MARYLAND

Date 1898 | Month: Nov | Day: 2 | Age Y. 40 M. D. | Native of | Occupation

~~Male~~ | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living 5

~~Husband~~ Wife of Daniel Myers

Father's Name | Mother's Name

Cause of Death: Primary Quinsy 8 a | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Enterprise, Hampstead Nov 4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Pleasant Grove M. E. Church

~~Rev. G. F. Stiles~~

Name in Full: Arthur D. Nandain

Certificate of Death

Died at Town: Spanish Point County: Balto MARYLAND

Date 189 5 Month 11 Day 27 | Age Y. 1 M. 4 D. 4 | Native of Md. | Occupation None

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 39a

Cause of Death: Primary Acute Ar. Spinal Meningitis — How long sick One week

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Frank C Eldred M D.

Address Spanish Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Lillian Orr

Died at Town Monkton County Balto. MARYLAND

Date 189 8 Month 11 Day 10 Age Y. 6 M. D. Native of Occupation

~~Male~~ Female White Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Emory Orr

Mother's Name

Cause of Death { Primary Diphtheria 5 a

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Maryland Journal 11-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708

Dr. F. Ross. Payne

Name in Full Serena Palmer Palmer

Certificate of Death

Died at Town County Baltimore MARYLAND

Date 1898 Month Nov. Day 15 | Age Y. 30 M. D. | Native of | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Consumption 22 a

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Union, Tonsm Nov 19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Rev. H. J. Nicolls.

Name in Full

Jas. Parker

Certificate of Death

Died at Town Mt. Carmel County Balto MARYLAND

Date 189 Month 11 Day 16 | Age Y. 86 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 6

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary Paralysis 44 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Democrat 11-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Dr. B. F. Price

Name in Full

Certificate of Death

Miss Emma Paublitz

Died at Town: Reisterstown County: Balto

MARYLAND

Date 189 8 Month: Nov Day: 27 | Age Y. 68 M. D. | Native of Balto Co | Occupation None

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~of~~ ~~Wife~~ X

Father's Name: John Paublitz

Mother's Name: Julia Martin

Cause of Death — Primary: Heart disease 57

Immediate: Pneumonia

How long sick

Accident, Suicide, Homicide

Reported by Mrs Pace

Address Glyndon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Edward Peacock

Certificate of Death

Died at Town Arlington County Baltimore MARYLAND

Date 1898 Month Nov. Day 2 Age Y. 3 M. 0 D. 7 Native of Balt Co. Occupation ——

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~

~~Wife~~

Father's Name Earnest Peacock Mother's Name Clara Peacock

Cause of Death Primary Diptheria. 8a How long sick 48 hours

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by C. H. Kraft Undertaker

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Ellen P. Pearce

Died at Town Mr. Washington County Baltimore MARYLAND

Date 189 8 Month 11 Day 3 | Age Y. 81 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Luke J. Pearce, Sr.

Father's Name

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Balt Co Union, Towson

Address 11-5

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Ellen P. Price

Certificate of Death

Died at Mt. Washington (Town) County Balto. MARYLAND

Date 189 8 Month 11 Day 2 Age Y. 80 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husbend of Wife

Father's Name Mother's Name ~~[illegible]~~ 66

Cause of Death: Primary Old age — How long sick

Immediate Dilatation of Heart — Accident, Suicide, Homicide

Reported by Morris Shanks

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Henry Schaefer - Undertaker 316 Ft. Franklin St.

Name in Full

Ellen. P. Pierce

Certificate of Death

Died at Town Mt Washington County Balto MARYLAND

Date 189 8 Month 11 Day 2 Age Y. 81 M. — D. Native of Maryland Occupation Housework

~~White~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband ~~Wife~~ is Dead

Father's Name is Dead

Mother's Name is Dead

Cause of Death: Primary Old age 66 — How long sick 1 year

Immediate Dilatation Heart — ~~Accident, Suicide, Homicide~~

Reported by Morris Shanks M.D

Address Mt Washington Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Chas. F. Reeder

Certificate of Death

Died at Town Wilkens Ave. County Balto. MARYLAND

Date 1898 Month 11 Day 5 Age Y. 40 M. D. Native of Occupation Stock dealer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 97

Cause of Death Primary Chronic Bright disease How long sick 4 das.

Immediate Accident, Suicide, Homicide

Reported by J. G. Hollyday

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Mrs. Martha J. Reese

Died at Town Mt. Washington County Balt. Co. MARYLAND

Date 189 8 Month 11 Day 24 Y. M. D. Age | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name Joseph Graham

Mother's Name

Cause of Death: Primary

Immediate 161

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Buried in Spring Hillcemetery, Easton,

Rev. Dr. M. Poisal

Name in Full Minnie Reinicke

Certificate of Death

Died at Town Chronhart County Balto Co MARYLAND

Date 1898 Month Nov Day 16 Age Y. 74 M. D. Native of Balto Co Occupation none

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Henry Reinicke

Father's Name Korner Mother's Name X

Cause of Death Primary X How long sick about 4 weeks

Immediate Pneumonia 72 Accident, Suicide, Homicide

Reported by Dr W. H. Campbell

Address Owings Mills Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65860

Name in Full: Morris Rider

Certificate of Death

Died at Town: Highlandtown County: Baltimore MARYLAND

Date 1898 Month: 11 Day: 5 | Age Y. M. D.: 23 | Native of: Md | Occupation: —

Male / ~~Female~~ White / ~~Colored~~ ~~Married~~ / Single Widow / Widower Divorced / Number of children living

~~Husband~~ / ~~Wife~~ of

Father's Name: Wm Rider

Mother's Name: Mary Rider

Cause of Death: Primary: Pneumonia

Immediate: Exhaustion

How long sick: Two weeks

[redacted]

Reported by: A. S. Warner

Address: 1120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Lewis J. Roberts

Died at Town: Walnut hill County: Sherwood Batt. Co MARYLAND

Date 189 8 Month: Mar. Day: 5 | Age Y. 69 M. 5 D. .. | Native of Md. | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 2.

Husband ~~Wife~~ of Annie Roberts

Father's Name: Lewis Roberts | Mother's Name: Suzana Roberts

Cause of Death: Primary: Paralysis 44 | How long sick: Four hours

Immediate: Apoplexy | Accident, Suicide, Homicide

Reported by: J H Jarrett M D

Address: Forsom Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificata of Death

Mary Jane Roth

Died at Town near Pikesville County Balto. MARYLAND

Date 189 8	Month 11	Day 27	Age Y. 76 M. D.	Native of	Occupation
~~White~~ Female	White Colored	Married Single	Widow Widowar	Divorced Numbar of children living	

Husband of Wifa

Father's Nama

Mothar's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicida, Homicida

Raported by Amon 12-3

Address

Must be signed by physician, if any In attandanca, otherwisa by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Richard Sauer

Certificate of Death

Died at Town Catonsville County Balt Co. MARYLAND

Date 189 8 Month Nov Day 27 Age Y. 42 M. D. Native of Md Occupation Mechanic.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living 2

Husband Wife of Annie M Sauer

Father's Name — Mother's Name 45

Cause of Death Primary General Paresis How long sick 2 hours

Immediate Cerebral Hemorrhage Accident, Suicide, Homicide

Reported by J Reg Wade

Address Md Hospital. Catonsville.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Elizabeth Schaeffer.

Certificate of Death

Died at Highlandtown (Town) Baltimore (County) MARYLAND

Date 1898 Month 11 Day 23 | Age Y. 91 M. D. | Native of Germany | Occupation

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | ~~Widower~~ | Divorced

Number of children living 2

~~Husband~~ Wife of Christopher Schaeffer

Father's Name

Mother's Name

Cause of Death: Primary Old Age

Immediate Exhaustion

How long sick Six weeks

~~Accident, Suicide, Homicide~~

Reported by N. L. Harney M.D.

Address 120 Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Joseph Scheizer

Certificate of Death

Died at Town White Marsh County Balto. MARYLAND

Date 1898 Month 11 Dey 11 Age Y. 18 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Effects of a shot - hemorrhage

Immediate " 145 a

How long sick

Accident, Suicide, Homicide

Reported by Democrat 11-19

Address

Must be signed by physicien, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Chas Shaefer Jr.

Certificate of Death

Died at Town Arlington County Balto. Co MARYLAND

Date 189 8 Month 11 Day 29 Age Y. 10 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Copy

Cause of Death: Primary Typhoid fever 1 — How long sick 6 weeks

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Edwin E. Jones

Address Arlington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

G. A. Kraft. Undertaker, Pikesville.

Name in Full: Grace Gertrude Sharretts

Certificate of Death

Died at: Town 3rd Dist. near Liberty Road County Baltimore MARYLAND

Date 1898 Month 11 Day 3 | Age Y. 11 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Grayson W. Sharretts

Mother's Name: Maud S. Sharretts

Cause of Death: Primary: Broke a blood-vessel in head while riding horseback

Immediate:

How long sick: 42

Accident, Suicide, Homicide

Reported by: Bal. Co. Union

Address: 11-5-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sarah Shields

Died at Town Glenore County Balt. MARYLAND

Date 189 Month 11 Day 11 | Age Y. M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Thos. Shields

Father's Name | Mother's Name

Cause of Death: Primary | How long sick

Immediate 161 | Accident, Suicide, Homicide

Reported by Democrat 11-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Rev. Junius St. Millard - pastor of Eutaw Place Baptist Church, Balto.

Buried in Greenmount Cemetery

Name in Full — Certificate of Death

Deborah Mildred Shutts

Died at ~~Town~~ 2nd District County Baltimore MARYLAND

Date 1898 Month Nov Day 29 Age Y. 57 M. 7 D. 23 Native of W. Va Occupation Weaver Cotton Mill

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name George Shutts Mother's Name Catherine Light

Cause of Death Primary Cancer of Mesentery How long sick 47 days

Immediate Peritonitis 25 c ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. Wm. B. Gambrill

Address Alberton Howard Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Richard Silcock

Died at Town: Shepherd & Enoch Pratt Hos. County: Baltimore MARYLAND

Date 189 8 Month 11 Day 26 | Age Y. 50 M. D. | Native of England | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name 46

Cause of Death: Primary Chronic Melancholia | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Dr. Edward N Brush

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Mrs. Sudbrinks

Died at Fullerton (Town) Balto. (County) MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Nov.	4					

Date 189 8 Age

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Apoplexy | Immediate

42 How long sick

Accident, Suicide, Homicide

Reported by E. T. Mace

Address Roseville, Balto.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Gibson E Tracy

Certificate of Death

Died at Town Texas County Baltimore MARYLAND

Date 189 8 Month 11 Day 26 Age Y. 21 M. 11 D. Native of Occupation R.R. Trakeman

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name 145 d

Cause of Death Primary Fell between two cars

Immediate ~~and~~

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Jeremiah E. Reddicord J.P.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Mary M. Urban

Died at Town Highlandtown County Balto MARYLAND

Date 189 8 Month Nov Day 29 | Age Y. 83 M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living 4

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Old age 141 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Journal Tonson Dec. 3rd

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full | Certificate of Death

J. Royston Vance

Died at Town Hereford County Balto MARYLAND

Date 1898 Month 11 Day 21 | Age Y. ~~16~~ M. 16 D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name J. M. Vance | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Union 11-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68868

Name in Full

Certificate of Death

L. J. Vanderwaker

Died at Town Govanstown County Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 8	11	7	Age 88			

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 3

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Maryland Journal 11-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

Elizabeth Stalker

Died at (Town) York Road (County) Balto MARYLAND

Date 189 8 | Month 11 | Day 9 | Age Y. 71 M. D. | Native of | Occupation

~~Male~~ | White | ~~Married~~ | Widow | ~~Divorced~~

Female | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living 2

~~Husband~~ Wife of Samuel Stalker

Father's Name | Mother's Name

Cause of Death { Primary: Heart disease 5-7 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Maryland Journal 11-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

James Hare

Died at Town Lauraville County Balto. MARYLAND

Date 1898 Month 11 Day 23 | Age Y. 83 M. D. | Native of | Occupation Plasterer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Divorced~~ | Number of children living 3

Husband / Wife of

Father's Name

Mother's Name 72

Cause of Death { Primary Pneumonia & Paralysis How long sick

Immediate

Accident, Suicide, Homicide

Reported by Democrat 11-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55868

Name in Full

Certificate of Death

Waterman

Town

County

Bates.

Died at

MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1898	11	26	Age					

Male White x Married Widow Divorced

Female X Colored Single Widower Number of children living

Husband of Wife

Father's Name Louis Waterman

Mother's Name Winefred Kelly

Cause of Death: Primary still born baby girl

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Caroline Betz Midfire

Address 315 Sombard St. Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

...ase ... of this C...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

A..... **Office of Registrar of Vital Statistics.** Ward...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ...d out to the undertaker or other person superintending the burial, within *twenty-four hours* after the de... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, 11. 26. 98

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) John W. Watson

Sex, Male or Female, (Cross out the words not required in this line.)

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation, Peddler

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, (Give Street and Number.) Bay View Asylum

(I)

Cause of Death, First (Primary) Chronic Enteritis

Second (Immediate) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lanel Cemetery

Date of Burial, Nov 28 1898

Undertaker, Mrs William N Dugee

Place of Business, 166 East St

Lee Cohen M. D.,
Medical Attendant per Fdts

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

Following Additional Information is Req
Enumerated

ISM—Mode of Death.

SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

BIRTH—Circumstances producing Death.

R—Variety and Seat.

US—Mode of Death.

TION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of D

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Anna E. Stebb

Died at Town Montecello County Balto. MARYLAND

Date 1898 Month 11 Day 17 | Age Y. M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored Single ~~Widowed~~ Number of children living

~~Husband~~ Wife of Wm. O. Stebb

Father's Name | Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Maryland Journal 11-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full Mary Welsh

Certificate of Death

Died at Town Towson County Baltimore MARYLAND

Date 189 8 Month 11 Day 9 | Age Y. 72 M. D. | Native of Ireland | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

~~Husband~~ Wife of Daniel Welsh

Father's Name

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Balto Co Union 11-12

Address Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full Charles Wilson

Certificate of Death

Died at Town Texas County Baltimore MARYLAND

Date 189 8 Month 11 Day 6 Age Y. 70 M. D. Native of Occupation Pauper

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Diphtheria 8a How long sick 20 days

Immediate Accident, Suicide, Homicide

Reported by Thos. C. Bussey, M.D.

Address Texas, Balto. Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Charles Wright

Certificate of Death

Died at Town Catonsville County Balto Co. MARYLAND

Date 189 Month 8 Day Nov 11 | Age Y. 50 M. D. | Native of England | Occupation Laborer.

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living None.

Husband Wife of —

Father's Name —

Mother's Name —

Cause of Death: Primary Dementia 46 — How long sick 2 weeks.

Immediate Valvular Dis Heart. — Accident, Suicide, Homicide

Reported by Mrs Wright

Address Md Hospital. Catonsville,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968